Understanding Rehabilitation Terms: A Guide for Patients





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If you're suffering from a chronic or long-term medical condition, your physician may recommend that you seek rehabilitative care. For many patients, this process can be overwhelming. How do you choose a rehab center? What kind of care do you need? Would it be better to seek an inpatient or outpatient program?



Once you start researching centers, you may find it difficult to even understand the vocabulary they use to describe their services. And how are you supposed to make an educated choice if you don't even know what you're being offered?

In this article, we'll try to simplify the language medical practitioners often use to describe the process of patient rehabilitation. Going through medical rehab can be a long, and at times, stressful process; hopefully with this guide, understanding the terms being used will be one worry you can check off the list!

TYPES OF CARE

Acute Care

If you have an immediate, severe episode of illness, an injury, or <u>surgery</u>, you might be referred for acute care, also known as secondary care. This is usually a short-term period of treatment, typically delivered in a hospital. Some examples of acute care could be the intensive care services provided after a serious head injury or car crash, or cardiac rehab after a heart attack.

Assisted Living

We use the term assisted living for a broad range of residential care services for people who need assistance for day-to-day activities, but do not require nursing staff. For instance, assisted living might be appropriate for patients with mid-stage Alzheimer's' or dementia, or other mental disabilities that mean it is unsafe for them to live without support. It might also be recommended for



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elderly people who are having trouble physically managing the day-to-day routine of caring for themselves – for example, if they are unable to bathe, dress themselves, get to the bathroom or get out of bed. Typically assisted living will cost less than a nursing home.

Hospice Care

Hospice care is a form of care provided to patients who believe they have 6 months left to live. It is an approach to care, rather than a specific place: patients may receive treatment in a care facility or in their own home. The difference with hospice care is that treatment to try and cure their condition will stop; the focus will be on providing comfort, both to the patient and their loved ones. Patients will receive palliative care, pain management, and counseling; spiritual support may also be offered to the patient and their loved ones.

IV Therapy

IV Therapy refers to the administration of intravenous fluids. These might be simple saline, vitamins, or medications. IV Therapy may be recommended if you are suffering from dehydration, nutrition-related problems, immune deficiencies, disease-related pain or a serious infection.

Long-Term Care

This term refers to care for the chronically ill, the elderly, and the physically and mentally disabled, whether in an institution or at home, on a <u>long-term</u> <u>basis</u>. Medicare doesn't pay for this type of care if this is the only kind of care a person needs.

However, Medicaid and long-term care insurance plans do provide some coverage for long-term care. Ambulatory services such as home health care, which can also be provided on a long-term basis, are seen as alternatives to longterm institutional care.

Orthopedic Rehab

You may be referred for <u>orthopedic</u> <u>rehab</u> if you are suffering from conditions affecting the joints and bones, such as arthritis and osteoporosis, or if you are recovering from a joint surgery, such as a joint replacement or amputation. In some cases, orthopedic rehab might also be recommended after a complex bone fracture or spinal injury.



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Outpatient Care

Also called ambulatory care, outpatient care is often recommended for patients who are less severely ill, or who have either the ability or the preference to manage their condition at home. In the context of physical rehabilitation, outpatient therapy will usually involve a series of appointments with a team of medical and rehab professionals, over a course of weeks or months.

Outpatient therapy might be recommended for long-term or chronic illnesses, like Multiple Sclerosis, or for sudden acute conditions, such as a mild stroke. Outpatient care is only appropriate for patients who are sufficiently strong, mobile, and physically independent to manage their own self-care at home during recovery.

Respite Care

Respite care is a form of temporary care in which a patient who is usually cared for at home stays in a rehab center or other form of care facility, giving their **caregivers** a break from the daily routine of caring. Respite care can be a great way to keep a loved one at home for longer, while still getting the rest you need to give them a high level of care.

Skilled Nursing

A type of health care given when a patient needs <u>skilled nursing or rehabilitation</u> <u>staff</u> to manage, observe, and evaluate care. Generally less intense than inpatient hospital care, this type of care is often provided at a Skilled Nursing Facility (SNF) - a licensed institution, as defined by Medicare, which is primarily engaged in the provision of skilled nursing care.

Tracheostomy Care

A tracheostomy is a surgically inserted tube, used to help patients with severe lung disease to be able to breathe. **Tracheostomy care** involves the daily maintenance of the breathing tube, skilled nursing and other respiratory services to minimize the progression of the disease and reduce discomfort.

Transitional Care

Transitional care may be suggested when a patient has completed a course of rehabilitative therapy but does not yet feel ready to return home. This form of care is usually paid privately and means



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that the patient will receive round-theclock supervision and support from skilled nurses while they complete their recovery. It may also be used so that a patient can try out a longer-term stay in an assisted living environment.

Vocational Rehab

<u>Vocational rehab</u> is a form of physical rehabilitation offered to workers injured on the job. It may be requested by employers, with the aim of returning the employee to work as quickly as possible, in which case they will usually be liable to cover the costs.

Depending on the injury the worker has experienced, vocational rehab might also involve non-physical rehab, such as skills analysis and testing, job site assessment and accommodations, assistive technology and devices, vocational counseling and evaluation, resume and employment application assistance, training, education and job placement, among other services.

FINANCIAL SUPPORT TERMINOLOGY AND MANAGING BODIES

Centers for Medicare and Medicaid Services (CMS)

The <u>Centers for Medicare & Medicaid</u> <u>Services</u> (CMS) is a Federal agency within the U.S. Department of Health and Human Services. Programs for which CMS is responsible include Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), HIPAA and CLIA.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a federal law that allows people to qualify immediately for comparable health insurance coverage when they change their employment relationships. As a result of this law, hospitals, doctors, and insurance companies are now required to share patient medical records and personal information on a



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wider basis. This wide-based sharing of medical records has led to privacy rules, greater computerization of records and consumer concerns about confidentiality.

Long-term Care Insurance

This is just what it sounds like: private insurance designed to pay for some or all of the costs of <u>long-term care</u>. While some people may be eligible for some financial aid, from Medicare, Medicaid or Veterans insurance, typically this will only cover a limited stay: for many patients, it may well be worth considering longterm care insurance.

Managed Care

Managed care plans are a type of health insurance. In these plans, the insurance provider has contracts with health care providers and medical facilities to provide care for members of the plan at reduced costs.

Managed care is also sometimes used as a general term for the activity of organizing doctors, hospitals, and other providers into groups in order to enhance the quality and costeffectiveness of health care.

Managed Care Organizations (MCO) include Health Maintenance Organizations, Preferred Provider Organizations, Point of Service plans, Exclusive Provider Organizations, Physician Hospital Organizations, Integrated Delivery Systems, Academic Health Plans, Independent Practice Associations, etc. Managed care has effectively formed a "go-between," brokerage or 3rd party arrangement by existing as the gatekeeper between payers and providers and patients. However, as the term can be used to mean a lot of different things, it may sometimes be worth clarifying what someone means when they use it.

Medicaid (Title XIX)

Medicaid is a joint federal and state program that helps with medical costs for people with low incomes and limited resources. Requirements for qualification vary from state to state, as does the type of care covered.

Medicare (Title XVIII)

This federal program provides medical funding for people aged 65 and over, for those eligible for social security disability payments for two years or



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longer, and for certain workers and their dependents who need kidney transplantation or dialysis.

<u>Medicare</u> covers two separate but coordinated programs: hospital insurance (Part A) and supplementary medical insurance (Part B) – and a separate drug coverage program is administered by the private sector (Part D). Medicare covers more than 16% of the US population and is therefore the largest insurance program or health plan in the US.

Secondary Coverage

A health plan that pays costs not covered by primary coverage is called <u>secondary</u> <u>coverage</u>. For example, you may decide to purchase insurance to supplement Medicare coverage. The three main sources for secondary insurance are <u>employers</u>, privately purchased Medigap plans, and Medicaid.

REHAB PRACTITIONER TITLES

Case Manager

A case manager is a nurse, doctor, or social worker who works with patients, providers, and insurers to coordinate all services deemed necessary to provide the patient with a plan of medically necessary and appropriate health care.

Skilled Nurse

A <u>skilled nurse</u> is a registered or licensed nurse who can provide a level of care that can't be provided on an outpatient basis, and/or require extensive training, such as intravenous injections and physical therapy.

Nutritionist

For many patients, diet plays a major role in their physical recovery. <u>Nutritionists</u> are rehab professionals who can help design individualized diet plans and provide nutritional guidance to help improve patient health outcomes.



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Occupational Therapist

Like physical therapists, <u>occupational</u> <u>therapists</u> help patients overcome physical limitations and injuries, working on improving strength, balance, and mobility, and/or reducing pain. The difference between physical and occupational therapy is the focus of treatment. Occupational therapists aim to help people regain their ability to manage day-to-day tasks and functions, and find workarounds to do the things they want and need to do despite physical impairments.

Physiatrist

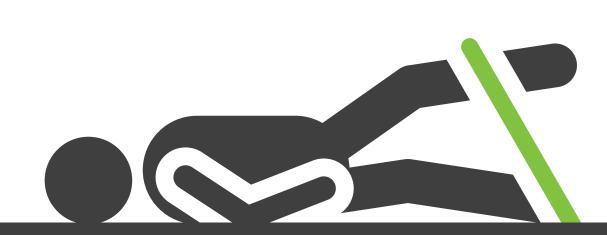
Physiatrists are a type of doctor who specializes in "physical medicine." This brand of medicine seeks to guide patients towards better health and quality of life despite life-altering injuries or congenital disorders, rather than seeking a "cure".

Physical Therapist

While **physical therapists** are highly skilled rehab professionals with extensive training, they are not medical doctors. Typically, a physiatrist or other doctor will design your rehab program, and the therapy will then be carried out by physical therapists, amongst other specialists.

Speech Therapist

Speech therapists assess speech impairments, then work with patients to treat and improve these impairments. Speech therapists may work with a wide variety of patients, but in terms of rehabilitative treatment, will typically work with people recovering from traumatic brain injuries, strokes, postsurgery complications such as lengthy intubation, tracheostomy, or disease or injury relating to the mouth and throat.





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TERMS FOR DESCRIBING REHAB FACILITIES AND PROCESSES

Activities of Daily Living (ADLs, ADL)

This term describes an individual's daily habits, such as bathing, dressing, and eating. ADLs are often used as an assessment tool to determine an individual's ability to function at home, or in a less restricted environment of care.

Occupancy Rate

If you're choosing a health facility, you might want to look at the occupancy rate: a measure of inpatient health facility use, this number is determined by dividing available bed days by patient days. It measures the average percentage of the number of hospital beds occupied and may be institution-wide or specific for one department or service.

Discharge Planning

This term describes the procedure in which aftercare services are determined after your discharge from the inpatient facility. If you feel you need longer than the prescribed rehab program allows, you might want to talk to your healthcare provider about <u>transitional care.</u>

Length of Stay (LOS)

This is the term used by insurance providers to describe the duration of an episode of care for a covered person, usually shown as the number of days an individual stays in a hospital or inpatient facility.

Referral

This term describes the process of sending a patient from one practitioner to another for health care services. Health plans may require that your designated primary care providers authorize a <u>referral for coverage of</u> <u>specialty services</u>. Normally, this type of referral means a written order from your primary care doctor recommending that you see a specialist or get certain services. Without a formal referral, the plan may not pay for the care.



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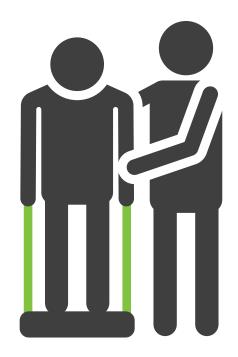
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Rehabilitation

Also known as **rehab therapy**, rehabilitative services are normally ordered by a doctor to help a patient recover from an illness or injury. These services are given by nurses and physical, occupational, and speech therapists. Examples include working with a physical therapist to help a patient walk after surgery or working with an occupational therapist to help a patient learn how to get dressed after a stroke.



Rehab can be a long, complex process - but understanding rehab terms needn't be. We hope that this article will help you get a handle on your rehab research. If you'd like our guidance putting together a rehab program to help you manage your symptoms, reduce your pain, and improve your quality of life, please feel free to get in touch.



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